FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Klobuchar for Minnesota PO Box 4146 ADDRESS (number and street) (Check if address is changed) Saint Paul 55104 MN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS becky@compliancemn.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00431353 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Clark, Samuel, , , Type or Print Name of Treasurer Clark, Samuel, , , [Electronically Filed] 05 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
Name of Candidate Klobuchar, Amy, , ,	
Candidate Party Affiliation Office Sought: House Senate President	State MN District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republ	cratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the con	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybr	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for treatment committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for transcription committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1. C	

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٧	Vrite or Type Committee Name			
	Klobuchar for	Minnesota		
6.	=	Organization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leadership PAC Sponsor	
	The Klobuchar Victor	ory Committee		
	Mailing Address	450 Brimhall Street		
		1		
		Saint Paul N	MN 55105	
		CITY ▲ STA	ATE ▲ ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Rep	epresentative Leadership PAC Spo	nsc
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the	e person in possession of committee	
	Clark, San	nuel, , ,		
	Full Name			
	Mailing Address	PO Box 4146		
	ŭ			
		Saint Paul	MN 55104	_
			33104	_
		CITY ▲ STA	ATE ▲ ZIP CODE ▲	
	Title or Position ▼			
	Treasurer	Telephone number	. [612] - [281] - [4555]	
8.	Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comassistant treasurer).	nmittee; and the name and address of	
	Full Name Clark, San	nuel, , ,		
	of Treasurer			_
	Mailing Address	PO Box 4146		
		Saint Paul	MN 55104	
		CITY ▲ STA	ATE ▲ ZIP CODE ▲	
	Title or Position ▼		2 0052 -	
	Treasurer	Telephone number	. 612 - 281 - 4555	

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Full Name Designated Agent			
Mailing Add	288		
Mailing 7 tac			
Title or Pos	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
	her Depositories: List all banks or other depositories in whit boxes or maintains funds.	ch the committee deposits f	unds, holds accounts, rents
Name of Ba	nk, Depository, etc.		
Mailing Add	Sunrise Banks 2265 Como Ave		
J			
	Saint Paul	, MN	55108
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Ba	nk, Depository, etc.		
	Western Bank		
Mailing Add	ess 663 University Ave West		
	Saint Paul	MN MN	55104
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r	.g . a. a. pana		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Amy for America	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Amy for America			
Mailing Address	611 PENNSYLVANIA AVE SE		
Walling Address	#143		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sr
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes or material boxes. US Bate pository, etc.	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi r	g Participant:			
1			FEC ID numbe	r C
2.			FEC ID numbe	r C
3.			FEC ID numbe	r C
4			FEC ID numbe	r C
		mmittee, Joint Fund	raising Representat	ive, or Leadership PAC Spon
Women Senators	Making History			
	600 Pennsylvania Ave SE			
Mailing Address				
	#15180			
	Washington		DC	20003
Relationship:	CI	TY 🛦	STATE	▲ ZIP CODE ▲
			t Fundraising Represe	entative Leadership PAC S
Connecter connec		Committee X Join	t Fundraising Represe	entative Leadership PAC S
Connected esignated Agent: Identify	d Organization Affiliated	Committee X Join	t Fundraising Represe	entative Leadership PAC S
Connecter connec	d Organization Affiliated	Committee X Join	t Fundraising Represe	entative Leadership PAC S
Connected esignated Agent: Identify	d Organization Affiliated	Committee X Join	t Fundraising Represe	Leadership PAC S
Connected esignated Agent: Identify	Affiliated by name, address (phone	Committee		
Connected esignated Agent: Identify	Affiliated by name, address (phone	Committee	t Fundraising Represe	
esignated Agent: Identify Full Name Mailing Address	Affiliated by name, address (phone	Committee		
esignated Agent: Identify Full Name Mailing Address	Affiliated by name, address (phone	Committee	STATE A	
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated by name, address (phone CIT ries: List all banks or other	Committee Join number – optional)	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Affiliated by name, address (phone CIT ries: List all banks or other unitains funds.	Committee Join number – optional)	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Affiliated by name, address (phone CIT ries: List all banks or other	Committee Join number – optional)	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposit boxes or mat	Affiliated by name, address (phone CIT ries: List all banks or other unitains funds.	Committee Join number – optional)	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or material deposition boxes or material depository, etc.	Affiliated by name, address (phone CIT ries: List all banks or other intains funds.	Committee Join number – optional)	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or material deposition and the compositor of the compositor	Affiliated by name, address (phone CIT ries: List all banks or other intains funds.	Committee Join number – optional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisi	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		I Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	450 Brimhall Street		
		Saint Paul	MN	55105
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8.		Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
	Designated Agent. Identi	ly by flame, address (phone flumber – optional)		
	Full Name	ly by hame, address (phone humber – optional)		
	Full Name			
	Full Name			
	Full Name	CITY	STATE A	ZIP CODE A
	Full Name	CITY A	STATE A	ZIP CODE A
.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposits safety deposit boxes or mailing address.	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	
Э.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposits safety deposit boxes or more safety deposit boxes. Amale	CITY ▲ CITY ▲ Te pries: List all banks or other depositories in which laintains funds.	elephone Number	
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